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Schaap-Jonker, Hanneke; Eurelings-Bonekoe, Elisabeth E.M.; Jonker, Evert R.; Zock, Hetty

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Hanneke Schaap Jonker ^a; Elisabeth H. M. Eurelings-Bontekoe ^b; Hetty Zock ^c;
Evert Jonker ^a

^a Department of Practical Theology, Protestant Theological University, Kampen, The Netherlands

^b Leiden University-Institute for Psychological Research, Clinical Psychology Unit
Leiden, The Netherlands

^c Faculty of Theology and Religious Studies, University of Groningen, The Netherlands

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Development and validation of the Dutch *Questionnaire God Image*: Effects of mental health and religious culture

HANNEKE SCHAAP JONKER¹,
ELISABETH H. M. EURELINGS-BONTEKOE²,
HETTY ZOCK³, & EVERT JONKER¹

¹*Department of Practical Theology, Protestant Theological University, Kampen, The Netherlands,* ²*Leiden University-Institute for Psychological Research, Clinical Psychology Unit Leiden, The Netherlands,* and ³*Faculty of Theology and Religious Studies, University of Groningen, The Netherlands*

Abstract

This article presents the Dutch *Questionnaire God Image (QGI)*, which has two theory-based dimensions: feelings towards God and perceptions of God's actions. This instrument was validated among a sample of 804 respondents, of which 244 persons received psychotherapy. Results showed relationships between the affective and cognitive aspect of the God image. The God image of psychiatric patients had a more negative and threatening nature than the God image of the non-psychiatric respondents. Also, religious culture appeared to affect the God image.

Introduction

This article is a sequel to articles that have been published in earlier issues of this journal on empirical research on the image of God (Braam et al., in press; Eurelings-Bontekoe, Hekman-Van Steeg, & Verschuur, 2005; Schaap-Jonker,

Correspondence: Hanneke Schaap Jonker, Department of Practical Theology, Protestant Theological University, PO Box 5021, 8260 GA Kampen, The Netherlands.
E-mail: jschaapjonker@gmail.com

Eurelings-Bontekoe, Verhagen, & Zock, 2002). These studies used the Dutch *Questionnaire God Image (QGI)* (in Dutch: Vragenlijst Godsbeeld, VGB), a translation and adaptation of Sebastian Murken's scales of God relationships (Skalen zur religiösen Beziehung), which he in turn borrowed from Petersen (1993) (Murken, 1998, pp. 96, 105–108, 198, 199). The present paper presents the theoretical basis of the Dutch questionnaire, as well as the psychometric qualities of the final version. Moreover, it addresses the role of mental health and religious culture regarding the image of God.

The development of theories about images of God started with Freud, who stated that a personal God is, from a psychological point of view, nothing but an exalted father (Freud, 1910, 1913). A new push came from the work of Ana-María Rizzuto (1979). Rizzuto distinguishes the God image from the God concept. The God image has, in her view, a predominant affective quality, whereas the God concept has a predominant rational/cognitive quality. Together, these two form the God representation. In her work, she mainly deals with the experiential aspect of the God representation and concentrates on the image of God, which is grounded in the early interactions between the infant and its parents and is rooted in the unconscious. However, as Aletti (2005, pp. 4, 9, 14, 15) rightly stresses, it is incorrect to confine the God image to the unconscious representation of God, because it is culture and religion that give a name—on a conscious level—to the object of the nameless desire which emerges from the non-specific relational representations which take place in the unconscious. In other words, the God image is only on a cultural and conscious level related to God and God-talk. Moreover, in the light of modern theories of both cognition and emotion, which point to the interrelatedness of these phenomena (e.g., Frijda, 1986; Solomon, 1976; cf. Hill & Hood, 1999a, pp. 1017, 1018; Williams, Watts, MacLeod, & Mathews, 1997, pp. 2, 3; Zeelenberg & Aarts, 1999), the sharp distinction between affect laden God image and the cognitive God concept is not tenable as well. It seems more adequate to speak of an interaction between the cognitive and affective aspect of the God representation, because both elements influence each other: an individual's thoughts of God, containing some experience, have effects on their experiences of God, while experiences of God affect the cognitions about God (cf. Hoffman, 2005, pp. 133, 134). Tentative results of an empirical study point to this interrelationship as well (Hoffman, Jones, Williams, & Dillard, 2004).

Currently, in scientific literature, the term God image is used as synonymous with the term God representation (Van der Lans, 2001, p. 357) and has taken on a broader meaning than originally in Rizzuto's (1979) theory. In this article, the God image also has this broader meaning. On the one hand, it comprises one's emotional understanding of God, which reflects subjective experiences of God and is developed through a relational, and initially unconscious, process in which parents and significant others play a part. Simultaneously, it contains one's cognitive understanding of God, namely the rational, more objective part of the God representation, which is based on what a person learns about God in propositional terms, which in turn is related to the doctrines that are taught and

found within the family and the (local) religious culture (cf. Hoffman, 2005 p. 133; Hoffman et al., 2004; Meissner, 1990 p. 111; Murken, 1998 p. 48). Thus, the God image has both affective and cognitive, unconscious and conscious, subjective and objective, as well as individual and cultural aspects (cf. Schaap-Jonker, 2006).

Although the God image has a long tradition from a theoretical perspective, the measurement thereof is still in its earlier stages (Hoffman, Grimes, & Acoba, 2005). A complicating factor is that there turns out to be no common language to express the God image. Many people in Western Europe distance themselves from traditional and personal images of God in favour of abstract and impersonal images, speaking about God in indefinite and desubjective terms; what God does is more important than what/who God is (Van der Lans, 2001 p. 348; Janssen, de Hart, & Gerardts, 1994; Pieper & Van der Ven, 1998; Van der Ven & Biemans, 1994). Religious and non-religious people, however, differ substantially in this regard. Another complicating factor is that it is not the actual God image that is measured by a self-report method, but only its conscious perception or representation; respondents only express what they are able and want to communicate about their God image on a conscious level (cf. Hoffman et al., 2005 p. 7).

Although there are already many instruments that intend to measure the meaning and understanding of God (Hill & Hood, 1999b), most of them do not fit with an object relations approach, which is the theoretical background of the God image, and the only one that does, namely the God Image Inventory, suffers from psychometric problems (Lawrence, 1997). Furthermore, in the Dutch language, there is only one validated measurement instrument, namely the questionnaire on God images of the Nijmegen Institute for Studies in Empirical Theology (Hutsebaut, 2001; Pieper & Van der Ven, 1998, pp. 66–68; Van der Ven & Biemans, 1994, pp. 66–68). Unfortunately, this questionnaire ignores the affective-relational aspect of the God image, and the theoretical, dogmatic model on which it is based is not confirmed by empirical results (Hutsebaut, 2001 p. 376; cf. Schaap-Jonker, 2004, p. 139; Van der Lans, 2001, p. 356). In contrast, the affective-relational aspect is central in the QGI.

Questionnaire God Image

The QGI examines an individual's feelings towards God and perceptions of God's actions. The first dimension consists of two scales, namely positive and negative feelings (e.g., security, anger). In Petersen's original study, feelings towards God clustered into three scales: security/closeness, feeling rejected, and anxiety and guilt (Murken, 1998, p. 96). The dimension "God's actions" has three scales: supportive actions, ruling and/or punishing actions, and passivity; passivity implies God doing nothing. Examples of the items of these dimensions are the statements "God comforts me" (supportive actions), "God exerts power" (ruling/punishing actions), and "God leaves people to their own devices" (passivity). Several items were added to the original scales, such as items tapping

feelings of respect and shame, and items tapping perceptions of God's challenging behaviour ("God wants me to achieve all I can in life" and "God doesn't want me to ask too many questions"; Lawrence, 1997). The QGI is unique among scales that measure the God image in its assessment of respondent's feelings towards a God that they may conceive as either personal or impersonal (cf. Riegel & Kaupp, 2005 p. 105). Thus, individuals with both personal and impersonal God images can complete this part of the questionnaire. The same applies to the second part that concentrates on God's behaviour and function, and does not give a decision on God's ontology. The QGI consists of (very) short items and may be used in both non-religious and religious populations. Previous studies yielded promising results regarding the psychometric properties of the instrument (Schaap-Jonker et al., 2002; Eurelings-Bontekoe et al., 2005; Braam et al., 2007). Because it captures both the affective and cognitive aspects of the God image and thus the object-relational nature thereof (cf. Jones, 1991, pp. 13, 15), the QGI seems to be a suited instrument to measure the God image.

Primary aim of the study and hypotheses

The primary aim of this study was to develop a reliable and valid (Dutch) questionnaire that fits the theoretical framework as outlined above and that can be used in both a scientific and diagnostic or therapeutic context. The two theory-based affective and cognitive dimensions were maintained, in order to connect to previous work with this questionnaire (Murken, 1998; Petersen, 1993). We investigated the factor structure of the dimensions and their psychometric qualities. Furthermore, interrelations between the different aspects of the God image and between the God image and religious variables were studied. Finally, we studied the role of mental health and religious culture. We hypothesized that the affective and cognitive dimension of the questionnaire would be interrelated. In addition, our hypothesis was that the God image would be associated with religious context and mental health. More particularly, we expected that the God image would be more negative among more orthodox religious individuals than among more liberal individuals, and that the God image would be more negative among those suffering from mental-health problems than among respondents without these problems.

Method

Procedure

The QGI was distributed among churchgoers and persons who received therapy in mental-health-care institutions. With the permission of the church council or the board of the parish or congregation, the questionnaires and information letters about the aim of the study were handed out in church buildings; after two weeks, the completed questionnaires were collected in the same locations. Persons receiving psychotherapy were approached and informed by their

therapists. Also, these participants received information about the aim of the study, questionnaires, and self-addressed envelopes.

Participants

A total of 804 individuals participated in the study, 351 males (44%) and 446 females (56%), ranging in age from 16 through 93 years ($M=47$, $SD=18$); 7 subjects did not report their sex and 244 persons received psychotherapy. The sample included 104 Roman Catholics (13%), 150 (19%) Evangelicals or Baptists, 216 (27%) “mainstream” members of the Protestant Church of the Netherlands, 175 (22%) conservatives within the Protestant Church of the Netherlands (see Blei, 2006 pp. 83, 118), and 130 participants (16%) belonging to an orthodox-reformed church; a further 29 (4%) participants reported a minority denomination or did not provide data. Sixty-seven percent of the subjects had a partner, and the remaining subjects were living alone. Educational level was low (a minimum of eight years of education) in 29% of the cases, middle (a minimum of 12 years of education) in 30% of the cases, and high (a minimum of 18 years of education) in 40% of the cases.

Instruments

First, respondents were asked to complete the QGI with its questions about feelings towards God (“When I think of God, I experience ...”) and perceptions of God’s behaviour (“God ...”). Instructions emphasized that the items concerned the respondent’s own experience and view (“Please indicate to what extent these statements reflect who/what God is for you ...”). In addition to the QGI, a scale measuring religious saliency, that is the extent to which religious faith is meaningful to the individual, was administered (four items, $\alpha=0.85$; cf. Jonkers & van Rheeën, 1999, p. 153; Eisinga, Felling, Peters, Scheepers, & Schreuder, 1992, p. 24). Furthermore, respondents were asked about religious denomination, frequency of church attendance, as well as demographic variables such as age, sex, and educational level. Answers were scored on a 5-point scale, ranging from absolutely not applicable (1) to completely applicable (5).

Statistical analyses

Following the original German list, the two dimensions were maintained because of our theoretical conceptualization of the God image. Principal-component (with Varimax Rotation, Eigenvalue >1 , factor loadings >0.40 , communalities >0.40) and reliability analyses were conducted to identify a valid and reliable factor structure within each dimension. First, items with extreme skewness were omitted (such as hate, which was absolutely rejected by 88% of the respondents, as indicated by a score of 1). Besides Principal-Component Analysis (PCAs) for the total group, PCAs were also carried out for the normal and patient subgroup separately, in order to investigate whether the factor structures of the dimensions were invariant across both psychiatric patients and non-patients. Items in the

solutions of the total group which were not found in the solution of either the normal or patient subgroup were omitted. Based on the final factors, scales were constructed by totalling the ratings on the items that loaded on a factor. Internal consistencies were measured by Cronbach's α , representing the lower limit of reliability. The interrelation of the various God image scales were investigated in a second-order PCA. The associations between the God image scales and religious variables were investigated using Pearson's product moment correlation coefficients. Furthermore, partial correlations were calculated. Correlation coefficients <0.20 are not reported. All reported correlations were significant with $p < 0.0001$. MANCOVA was done to investigate multivariate associations between religious denomination and respondent subgroup (normals or patients), on the one hand, and the God image on the other, with gender and age as the covariates. This was followed by univariate analyses, namely (non-parametric) Kruskal–Wallis tests and Mann–Whitney tests. Unless otherwise noted, results of these tests are significant with $p < 0.0001$, r showing the effect sizes. In order not to capitalize on chance, α (Type-I error) was set at 0.001; results with higher p values are not reported.

Results

Factor structure and reliability

Dimension 1. Affective dimension. Regarding the affective dimension, a PCA including all respondents finally resulted in three factors, explaining 66.4% of variance (Table I).

The first factor, which explains 33.4% of variance, represents positive feelings towards God (nine items, $\alpha = 0.93$). The second factor, explaining 21.0% of variance, can be labelled as an anxiety factor (five items, $\alpha = 0.94$). The third factor, which explains 12.0% of variance, is an anger factor (three items, $\alpha = 0.75$).

Dimension 2. Cognitive dimension. Concerning the cognitive dimension, a PCA in the total group yielded three factors, explaining 67.5% of variance (Table II).

The first factor, which explains 40.6% of variance, can be labelled as a supportive factor, referring to comforting and reinforcing actions of God (10 items, $\alpha = 0.94$). The second factor, explaining 16.5% of variance, represents ruling and punishing behaviour of God (four items, $\alpha = 0.79$). The third factor, which explains 10.4% of variance, is a passivity factor, reflecting people's perceptions that God does nothing (two items, $\alpha = 0.71$).

For the non-clinical subgroup, a PCA concerning the dimension of God's actions resulted in four factors, namely a supportive, ruling/punishing, passivity, and challenge factor. However, a challenge factor was not included in the solution of either the total group or the patient subgroup.

Table I. Varimax-rotated components of feelings towards God.

	Component			h^2
	1	2	3	
Security	0.88			0.78
Love	0.84			0.72
Affection	0.81			0.66
Thankfulness	0.80			0.67
Closeness	0.79			0.65
Trust	0.77			0.64
Solidarity	0.77			0.61
Satisfaction	0.73			0.55
Respect	0.65			0.47
Fear of being punished		0.86		0.76
Fear of being not good enough		0.83		0.73
Fear of being rejected		0.79		0.72
Uncertainty		0.79		0.68
Guilt		0.77		0.59
Anger			0.85	0.75
Disappointment			0.77	0.69
Dissatisfaction			0.65	0.61

Notes: Extraction method: Principal-Component Analysis. Rotation method: varimax with Kaiser normalization.

^aRotation converged in five iterations.

Table II. Varimax-rotated components of perceptions of God's actions.

	Component			h^2
	1	2	3	
God comforts me	0.85			0.73
God gives me security	0.85			0.73
God guides me	0.84			0.77
God gives me strength	0.83			0.73
God protects me	0.82			0.75
God is unconditionally open to me	0.79			0.63
God frees me from my guilt	0.76			0.63
God lets me grow	0.74			0.58
God has patience with me	0.73			0.61
God is trustworthy	0.71			0.55
God punishes		0.82		0.69
God exerts power		0.77		0.65
God rules		0.77		0.68
God sends people to hell		0.73		0.54
God leaves people to their own devices			0.85	0.77
God lets everything take its course			0.85	0.77

Notes: Extraction method: Principal-Component Analysis. Rotation method: varimax with Kaiser normalization.

^aRotation converged in four iterations.

Table III. Interrelations between different QGI scales.

	Positive feelings	Anxiety	Anger	Supportive actions	Ruling/punishing actions	Passivity
Positive Feelings	1	-0.201	-0.354	0.781	-	-0.307
Anxiety	-0.201	1	0.500	-	0.398	-
Anger	-0.354	0.500	1	-0.269	-	0.236
Supportive Actions	0.781	-	-0.269	1	0.355	-0.371
Ruling/punishing actions	0.164	0.398	-	0.355	1	-0.205
Passivity	-0.307	-	0.236	-0.371	-0.205	1

Notes: Correlations are significant at the 0.0001 level (two-tailed). Only significant correlations are included.

Interrelations of the QGI-scales

Despite Varimax rotation, the three scales which resulted from the factors of the first dimension were significantly interrelated. Correlations are represented in Table III.

In the total group, Positive Feelings were negatively associated with Anxiety ($r = -0.20$) and Anger ($r = -0.35$). Anxiety and Anger were correlated as well ($r = 0.50$; correlation corrected for attenuation based on the reliability coefficients of these scales = 0.60). The scales of the second dimension were also significantly interrelated. Supportive Actions correlated with Ruling/Punishing Actions ($r = 0.36$) and with Passivity in a negative way ($r = -0.37$). Ruling/Punishing Actions was negatively associated with Passivity ($r = -0.21$). Moreover, the two dimensions were interrelated as well. Positive Feelings strongly correlated with Supportive Actions ($r = 0.78$) and correlated negatively with Passivity ($r = -0.31$). Anxiety was associated with Ruling/Punishing Actions ($r = 0.40$), while Anger was related to Passivity ($r = 0.24$) and to Supportive Actions in a negative way ($r = -0.27$). The correlation between Anxiety and Anger hardly influenced the interrelations of Anxiety and Ruling/Punishing Actions as well as Anger and Passivity, as partial correlations demonstrate ($r_{\text{anx-rulp.ang}} = 0.42$; $r_{\text{ang-pas.anx}} = 0.29$; $r_{\text{ang-sup.anx}} = -0.26$).

To investigate multivariate associations of the six scales which measure the God image, a second-order PCA was conducted in the non-clinical subgroup using the six scales as variables. This PCA yielded two factors, which explain 66.5% of variance (see Table IV). The first factor, explaining 41.0% of variance, represents the image of a loving God, who also sets the rules. The second factor, which explains 25.6% of variance, reflects a threatening image of God. Each factor captures both affective and cognitive aspects of the God image. In the psychiatric subgroup, the picture was slightly different. PCA in this subgroup yielded two factors, as Table V shows, explaining 65.3% of variance.

Both factors have a negative nature. The first factor, which explains 41.3% of variance, is characterized by an absence of positive feelings and perceptions regarding God, as well as a presence of negative feelings. The second factor, explaining 24.0% of variance, represents the image of an actively dominating

Table IV. Multivariate associations of God image's aspects in the non-clinical subgroup.

	Component		h^2
	1	2	
Supportive actions	0.896		0.810
Positive feelings	0.852		0.738
Passivity	-0.650		0.429
Anxiety		0.851	0.735
Anger		0.702	0.631
Ruling/punishing actions	0.598	0.540	0.649

Notes: Extraction method: principal-component analysis. Rotation method: varimax with Kaiser normalization.

^aRotation converged in three iterations.

Table V. Multivariate associations of God image's aspects in the clinical subgroup.

	Component		h^2
	1	2	
Positive feelings	-0.855		0.733
Supportive actions	-0.839		0.766
Anger	0.730		0.542
Anxiety	0.610	0.593	0.724
Ruling/punishing actions		0.818	0.672
Passive acting	0.366	-0.589	0.481

Notes: Extraction method: principal-component analysis. Rotation method: varimax with Kaiser normalization.

^aRotation converged in three iterations.

God, who provokes anxiety. In contrast to the results in the non-psychiatric subgroup, the ruling-punishing aspect of the God image significantly loaded only on the second factor. Thus, the image of God as a ruler or punisher has a negative affect tone among psychiatric patients (Table V).

Interrelations of the God image, religious saliency, and frequency of church attendance

Religious saliency was strongly correlated to positive feelings towards God ($r=0.59$) and the perception of God's behaviour as supportive ($r=0.66$), as Table VI shows.

Likewise, it was associated with the perception of ruling/punishing behaviour ($r=0.32$), and inversely with Anger ($r=-0.20$) and Passivity ($r=-0.28$). Thus, the more religious faith was significant to people, the more they experienced positive feelings towards God, and the less they were angry, perceiving God's behaviour as supportive and dominating, rather than passive. Church attendance was associated with the God image as well. Those who go to

Table VI. Interrelations between religious salience, frequency of church attendance, and the QGI scales.

	Positive feelings	Anxiety	Anger	Supportive actions	Ruling/punishing actions	Passivity
Religious salience	0.594	–	0.202	0.659	0.316	–0.281
Frequency of church attendance	0.301	–	–	0.414	0.448	–0.305

Notes: Correlations are significant at the 0.0001 level (two-tailed).

church twice a week experienced more positive feelings towards God ($r=0.30$) and perceived God’s behaviour more as supportive ($r=0.40$) and ruling/punishing ($r=0.45$) instead of passive ($r=-0.31$) than those who were less regular churchgoers. However, all correlations between frequency of church attendance and God image scales disappeared after adjustment for religious saliency, except the correlation of church attendance and ruling/punishing behaviour ($r=0.31$). Maybe those who attend divine service twice a week—generally those who belong to the conservative movement within the Protestant Church of the Netherlands, the Orthodox-Reformed congregations, and those who are Baptist—do so because they feel obliged to do so by a God they perceive as a ruler or punisher, rather than out of religious salience.

Multivariate associations between the God image and mental health, religious denomination, gender, and age

MANCOVA was conducted to determine the impact of mental health (normal or psychiatric subgroup), religious denomination, gender and age (covariates) on the God image. A main effect of all independent variables except gender appeared, indicating differences in God image between respondents of the normal and the patient group (Wilk’s lambda = 0.89, $F(6,659) = 13.02$, $p < 0.0001$), of distinct religious denominations (Wilk’s lambda = 0.68, $F(24,2300) = 11.05$, $p < 0.0001$), and of various ages (Wilk’s lambda = 0.95, $F(6,659) = 5.44$, $p < 0.0001$). Furthermore, there was one significant interaction effect (Wilk’s lambda = 0.92, $F(24,2300) = 2.27$, $p < 0.0001$), indicating that the association between God image and religious denomination was not the same for people in the normal or patient subgroup. However, Box’s test was significant, and groups were differing in size, as a result of which we were not sure that covariance matrices were homogeneous. Therefore, follow-up analyses were done by using the (non-parametric) Kruskal–Wallis test, with gender and age being omitted.

Respondents belonging to either the non-clinical or clinical subgroup differed in God image concerning positive feelings towards God ($H(1) = 23.38$), anxiety ($H_{ANX}(1) = 85.36$), anger ($H(1) = 116.39$) and perceptions of God’s behaviour as ruling/punishing ($H(1) = 17.42$, $p < 0.0001$). Mann–Whitney tests revealed that patients experienced less positive feelings ($U = 49753$, $r = -0.17$) and more anxiety ($U = 38436$, $r = -0.33$) and anger ($U = 34516$, $r = -0.38$) towards God,

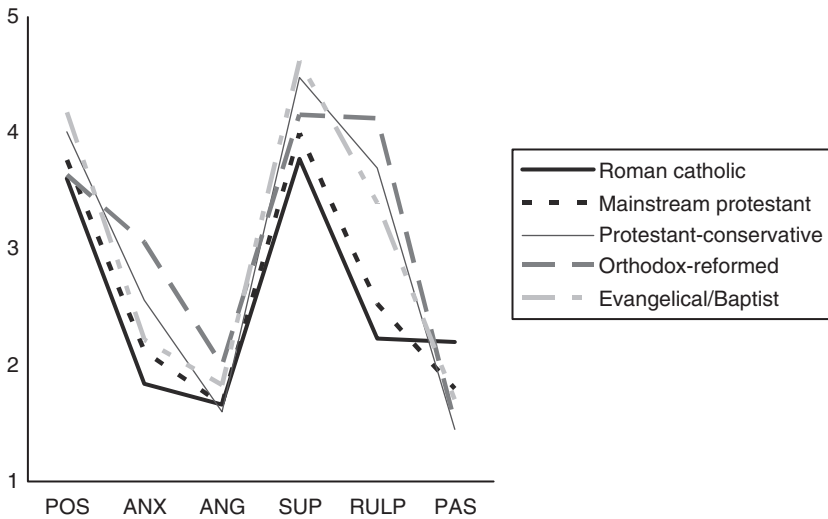


Figure 1. God image in different religious denominations: mean item scores. POS: positive feelings; ANX: anxiety towards God; ANG: anger towards God; SUP: supportive actions; RULP: ruling/punishing actions; PAS: passivity.

perceiving God's acting more as ruling/punishing ($U=51427$, $r=-0.15$) than those of the non-clinical subgroup.

Religious denomination significantly affected all six scales measuring the God image ($H_{POS}(4)=56.44$, $H_{ANX}(4)=113.46$, $H_{ANG}(4)=21.39$, $H_{SUP}(4)=120.92$, $H_{RULP}(4)=282.12$, $H_{PAS}(4)=41.33$, $p<0.0001$). Figure 1, which represents mean item scores on the different scales, shows this effect.

From Figure 1 we supposed that Roman Catholic and Mainstream Protestant respondents do not significantly differ in God image. Tests proved this assumption to be correct for the most part, and showed only a significant difference for passivity ($U=8180$, $p<0.001$, $r=-0.19$), which indicated that Roman Catholics perceived God's behaviour more as passive than those who were Mainstream Protestant. Henceforth, Roman Catholic and Mainstream Protestant respondents were collapsed into one sample, and other denominations were compared with them. Results showed that, in comparison with Roman Catholic and Mainstream Protestant people, Protestant-Conservatives experienced significantly more positive feelings towards God ($U=20794$, $r=-0.17$) and more anxiety ($U=17463$, $r=-0.28$). They perceived God's behaviour more as supportive ($U=15510$, $r=-0.33$), less as ruling/punishing ($U=8486$, $r=-0.55$) and less as passive ($U=19543$, $r=-0.23$). Likewise, Orthodox-Reformed people experienced more anxiety ($U=8428$, $r=-0.46$) and anger ($U=15190$, $r=-0.20$), perceiving God's acting more as ruling/punishing ($U=3598$, $r=-0.64$) and as less passive ($U=15491$, $r=-0.18$) than those who were Roman Catholic or Mainstream Protestant. Comparing Evangelicals and Baptists to Roman Catholic and Mainstream Protestant respondents, results showed that the former group experienced more positive feelings towards God

($U=14326$, $r=-0.29$) and perceived God more as supportive ($U=9784$, $r=-0.45$), more as ruling/pushing ($U=10195$, $r=-0.44$) and less as passive ($U=19452$, $r=-0.11$). When the Protestant-Conservative group was compared with the Orthodox-Reformed group, the latter turned out to experience less positive feelings ($U=7535$, $r=-0.24$), more anxiety ($U=7669$, $r=-0.26$), and more anger ($U=8040$, $r=-0.23$). They perceived God's behaviour less as supportive ($U=8202$, $r=-0.20$) and more as ruling/punishing ($U=7241$, $r=-0.27$). A comparison between the Protestant-Conservative respondents and those who were Evangelical/Baptist showed that the latter experienced less anxiety towards God ($U=9752$, $r=-0.19$) and perceived God more as supportive ($U=8864$, $r=-0.24$). Those who were Orthodox-Reformed experienced less positive feelings towards God ($U=5185$, $r=-0.36$) and more anxiety ($U=5124$, $r=-0.40$) than the Evangelical/Baptist group. The Orthodox-Reformed respondents perceived God's behaviour as less supportive ($U=5194$, $r=-0.38$) and more as ruling/punishing ($U=4735$, $r=-0.42$) than the Evangelicals and Baptists.

In general, the greatest effect sizes were found concerning the perception of God as a ruler and/or punisher, with Orthodox-Reformed respondents scoring most highly, followed by those who are Protestant-Conservative and Evangelical/Baptist, as Figure 1 shows. In the total group, ruling/punishing behaviour was associated with anxiety. This also applied to the Protestant-Conservative group ($r=0.28$). However, among those who are Orthodox-Reformed or Evangelical/Baptist, this association did not exist.

Correlations between age and the various aspects of the God image showed that older people experienced less anxiety ($r=-0.32$) and anger ($r=-0.27$), and perceived God's actions less as ruling/punishing ($r=-0.34$) than younger people. After controlling for anxiety, the correlation between age and ruling/punishing behaviour of God decreases ($r=-0.23$), while the correlation between age and anger disappears.

Discussion and conclusion

The data structure of the two dimensions of the QGI, which results in the scales *positive feelings*, *anxiety*, *anger*, *supportive actions*, *ruling/punishing actions*, and *passivity*, shows similarities to Petersen's (1993) original structure but deviates from other studies (Eurelings-Bontekoe et al., 2005; Murken, 1998). The difference in sample may account for this phenomenon. In comparison with the studies mentioned, the present study has the most diverse respondent group, regarding religious culture as well as mental health, which may cause more error variance. Furthermore, the final Dutch version contains fewer items than the original German version. Reliabilities (internal consistencies) of the scales are generally good.

In accordance with our hypothesis, the first affective dimension and the second, more cognitive, dimension were interrelated. The God image therefore seems to contain both affective and cognitive elements, which are interrelated.

This supports the conceptualization of the God image as both affective and cognitive, as outlined in the theoretical part of the Introduction.

The God image is associated with mental health. Patients reported more negative and less positive characteristics of their God image, and they experienced considerably more anxiety and anger towards God. This is in line with results of other studies (Brokaw & Edwards, 1994, pp. 353–354; Schaap-Jonker et al., 2002). Furthermore, their God image is predominantly negative (see Table V). A remarkable detail is that only in the normal subgroup was a challenge-factor found, which, for that reason, was not maintained. Apparently, patients do not experience religious faith as a challenge; regarding the field of tension between comfort and challenge (cf. Glock, Ringer, & Babbie, 1967), they prefer the pole of comfort, searching for it. To allow for the pole of challenge, it should be taken into consideration to supplement the QGI with a challenge scale in a non-clinical population. In therapeutic or pastoral work with psychiatric patients, the challenge aspect of religion can be discussed, and the negative nature of the God image can be addressed by psychodynamic or cognitive techniques (cf. Moriarty, 2006).

The God image generally correlated with religious saliency, church attendance and religious denomination in line with our hypotheses, which is an indication of construct validity. The image of God as a ruler/punisher needs clarification, as the meaning of this image is affected by religious denomination and mental health. God's behaviour is perceived as more dominating by those who report more positive and less negative feelings towards God and who perceive God's behaviour more as supportive, and by those who are more orthodox or conservative. Although ruling/punishing behaviour is generally associated with anxiety, this does not apply to those who belong to an Orthodox-Reformed or Evangelical/Baptist denomination. Thus, to these people, the image of God as a judge is not necessarily threatening. Rather, theology of these denominations, in which God is seen as someone who notices every sin and who will judge every man by his works at the Last Judgement, may account for this image (cf. Schaap-Jonker et al., 2002, pp. 67–68). Results of the second-order PCA, showing a relation between both ruling/punishing aspects of God and positive feelings towards God, supports this interpretation. However, the image of God as a judge is related to positive feelings only among non-patients. In contrast, patients experience the ruling/punishing aspects of the God image as threatening, with feelings of fear and anger. A follow-up study needs to examine the interaction effect of religious denomination and psychopathology. In this sample, subgroups were too small to be investigated further on this topic. Another topic which should be addressed in follow-up studies is the assessment of the God image of persons who come from religious traditions other than Christian, and of believers who identify themselves as spiritual, but not related to a specific religious tradition. This research will be carried out in the near future.

In conclusion, results suggest adequate psychometric properties of the QGI. Moreover, the God image seemed to be affected by mental health and religious culture, implying that the questionnaire may be used for scientific as well as

diagnostic and therapeutic purposes. The first author can be asked for a Dutch version of the questionnaire, as well as a manual with normative data.

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